

DOC 1.1

 [SAVE DRAFT](#)

Request an extension: Invoice Deadline Date

For your records, a News Post and corresponding email will be sent to you with the details of this submitted IDD extension request #3678.

Approved for an IDD extension

The funding request number(s) listed below have been approved for an extension to the Invoice Deadline Date.

Funding Request Number	FRN Nickname	Service Delivery Deadline	Original Invoice Deadline Date	Extended Invoice Deadline Date	BEN	SPIN
1799085940	Voice (Jive)	6/30/2018	10/29/2018	2/26/2019	16050077	143033971

Denied for an IDD extension

The funding request number(s) listed below have been denied for an extension to the Invoice Deadline Date. Please review the reason below for more information.

Funding Request Number	FRN Nickname	Reason for Denial	Service Delivery Deadline	Invoice Deadline Date	BEN	SPIN
1799086025	Cellular (Verizon)	This FRN has already been granted a 120-day IDD extension	6/30/2018	2/26/2019	16050077	143000677

Ineligible for an IDD extension

The funding request number(s) listed below are not eligible for an Invoice Delivery Deadline extension. Please review the reason below for more information.

Funding Request Number	FRN Nickname	Reason for Ineligibility	Service Delivery Deadline	Invoice Deadline Date	BEN	SPIN
No items available						

[CLOSE](#)

Do not write in this space.

DOC 1.2

Universal Service for Schools and Libraries

Please read instructions before
completing.

(To be completed by schools, libraries, or
consortia.)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Applicant Form Identifier (Create an identifier for your own reference) BL2017Jive	FCC Form 472 Invoice # (To be inserted by administrator) 2886860
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BLOCK 1: HEADER INFORMATION

1. Billed Entity Name	BOYS' LATIN OF PHILADELPHIA CHARTER SCHOOL
2. Billed Entity Number	16050077
3. Service Provider Identification Number (SPIN)	143033971
Applicant FCC Form 498 ID	443020755
4. Contact Name	Delana Murphy
5. Contact Telephone Number	412- 7796044 ext
6. Total Reimbursement Amount (total from Block 2, Column 14)	\$7,289.21

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Billed Entity Name _ BOYS' LATIN OF PHILADELPHIA CHARTER SCHOOL Billed Entity Number _ 16050077Contact Name _ Delana Murphy Contact Telephone Number _ 412-7796044Applicant Form Identifier _ BL2017Jive**BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER**

	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
	FCC Form 471 Application Number (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service	Discount Rate	Amount Billed to USAC (Column 12 multiplied by Column 13)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (10) or Column (11), but not both Columns				
1	171038199	1799085940	MONTHLY	7/1/2018		\$24,297.37	30.00	\$7,289.21
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)								\$7,289.21

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name BOYS' LATIN OF PHILADELPHIA CHARTER SCHOOL

Billed Entity Number 16050077

Contact Name Delana Murphy

Applicant Form Identifier BL2017Jive

Block 3: Billed Entity Certification

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in this Billed Entity Applicant Reimbursement Form represent charges for eligible services and/or equipment delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.
- B. The discount amounts listed in this Billed Entity Applicant Reimbursement Form were already billed by the Service Provider and paid for by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in this Billed Entity Applicant Reimbursement Form are for eligible services and/or equipment approved by the Fund Administrator pursuant to a Funding Commitment Decision Letter (FCDL).
- D. I acknowledge that I may be audited pursuant to this application and will retain for at least 10 years (or whatever retention period is required by the rules in effect at the time of this certification), after the latter of the last day of the applicable funding year or the service delivery deadline for the funding request any and all records that I rely upon to complete this form.
- E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

15. Signature of authorized person Signed electronically by REMY BIBAUD

16. Date 11/13/2018

17. Printed name of authorized person REMY BIBAUD

18. Title or position of authorized person Colleen Smith, DevMgr

19. Telephone number of authorized person 215- 3875149 ext 400

20. Address of authorized person Boys Latin of Phila CS, 5501 Cedar Avenue, Philadelphia PA 19143

DOC 1.3

RESPONSE: BLPHS SLD INVOICE 2886860 *DUE 11/26/18*

From: Delana Murphy <dmurphy@intelfunds.net>

Sent: Mon, Nov 19, 2018 at 3:07 pm

To: 'Lisa Butera'

[BLPHS 2017 Jive Invoices Worksheet FRN#1799085940.xls](#) (45.2 KB)[BLPHS July2017 thru Nov2017 Jive Invoices Cust#CN-561264-1312.pdf](#) (1.4 MB)[BLPHS Nov2017 thru June2018 Jive Invoices Cust#CN-561264-1312.pdf](#) (2.2 MB) — [Download all](#)

Hi Lisa-

Attached are the documents you requested for review of the BEAR we filed on behalf of the school.

Thank you-

Delana

Delana Murphy

Intelfunds/AdvanEdge Solutions

Cell#: 412-779-6044

Office: 412-668-0785

Efax: 866-795-0025

Email:

dmurphy@intelfunds.netdmurphy@advanedgesolutions.com

From: Lisa Butera [mailto:Lisa.Butera@usac.org]

Sent: Monday, November 19, 2018 1:25 PM

To: 'dmurphy@advanedgesolutions.com'

Cc: 'Delana Murphy@1866-795-0025'

Subject: SLD INVOICE 2886860 *DUE 11/26/18*

SLD Invoice No	SP_App Invoice No	Line ID	Customer Billed Date	Customer Ship Date	471	FRN	SPIN	Service Provider Name	Applicant Name	BEN	Undiscounted Amt	Discounted Amt
2886860	BL2017Jive	9411271	01-Jul-18		171038199	1799085940	143033971	Jive Communications, Inc.	BOYS' LATIN OF PHILADELPHIA CHARTER SCHOOL	16050077	24297.37	7289.21

I am reviewing your request for reimbursement of the invoice line/s noted above.

BILLS:

Either A:

If the request for reimbursement for each FRN per Invoice is comprised of 20 bills or less (sub-bills and sub accounts may contribute to this figure):

Please submit:

- I. A copy of the summary page/s for the bill/s sent to Applicant to show:
 - a. Bill Date,
 - b. Service Provider Name,
 - c. Bill-To Entity,
 - d. Current Charges,
 - e. Description of Products / Services Delivered,
 - f. Period of Service (for Digital Transmission and/or Internet Access),
 - g. Individual Call Detail NOT required (for phone bills).
- II. As guidance, a worksheet (sample attached) to summarize the bill/s (by month/ account number, as applicable) and to indicate:
 - a. Total current charge per bill,
 - b. Identification and removal of all ineligible products and services,
 - c. Calculation of the Undiscounted/Requested amounts.
- III. If any locations on the bills / worksheet are cross connect / meet points, please identify and state the Entity/s receiving the service.
- IV. If the service provider/ listed on the bill is different from the service provider of record for the above FRN, please specify:
 - a. Has a change of service provider occurred? Yes/No
 - b. If No, please confirm the third party listed on the bill is an authorized third party biller.
 - a) If the third party listed on the bill is an authorized third party biller, please also provide the following:
 - i. A signed and dated contract or documentation of the written and dated offer from the third party biller to the service provider listed on the above FRN
 - ii. The service provider's written and dated acceptance of the offer authorizing the third party biller to bill the applicants for the services provided on its behalf.
 - iii. A signed and dated contract or documentation of the written and dated offer from the third party biller to the billed entity listed on the FCC Form 471 for this FRN as well
 - iv. The billed entity's written and dated acceptance of the offer authorizing the third party biller to bill the applicants for the services provided on behalf of the actual service provider.
- V. If the invoice is for deposits or up-front charges for services, please include a copy of the full contract that supports those charges.

Or B:

If the request for reimbursement for each FRN per Invoice is comprised of more than 20 bills (sub-bills and sub accounts may contribute to this figure):

Please initially submit:

- I. Only a worksheet (sample attached) to summarize the bill/s (by month/ account number, as applicable) and to indicate:
 - a. Total current charge per bill,
 - b. Identification and removal of all ineligible products and services,
 - c. Calculation of the Undiscounted/Requested amounts.
- II. The completed worksheet certification form (attached) to certify the accuracy of the worksheet.
- III. If any locations on the bills / worksheet are cross connect / meet points, please identify and state the Entity/s receiving the service.
- IV. If the service provider/ listed on the bill is different from the service provider of record for the above FRN, please specify:
 - a. Has a change of service provider occurred? Yes/No
 - b. If No, please confirm the third party listed on the bill is an authorized third party biller.
 - a) If the third party listed on the bill is an authorized third party biller, please also provide the following:
 - i. A signed and dated contract or documentation of the written and dated offer from the third party biller to the service provider listed on the above FRN
 - ii. The service provider's written and dated acceptance of the offer authorizing the third party biller to bill the applicants for the services provided on its behalf.
 - iii. A signed and dated contract or documentation of the written and dated offer from the third party biller to the billed entity listed on the FCC Form 471 for this FRN as well
 - iv. The billed entity's written and dated acceptance of the offer authorizing the third party biller to bill the applicants for the services provided on behalf of the actual service provider.
- V. If the invoice is for deposits or up-front charges for services, please include a copy of the full contract that supports those charges.

Upon receipt of the worksheet by the SLP, you will be required to provide a sampling of bills (selected by SLP) to verify the worksheet.

- VI. The bills <for SPLs: sent to Applicant > / < for BEARs: received from Service Provider>, to show:
 - a. Bill Date,
 - b. Service Provider Name,
 - c. Bill-To Entity,
 - d. Current Charges,
 - e. Description of Products / Services Delivered,
 - f. Period of Service (for Digital Transmission and/or Internet Access),
 - g. Individual Call Detail NOT required (for phone bills).

RESPONSE REQUIREMENT:Please provide this information to me as soon as possible within the next 7 calendar days, by End of [Monday 11/26/2018](#). Failure to do so may result in a reduction or rejection of the invoice, without further request. In this event, please ensure you have all necessary documents collected before resubmitting your request. If you have any questions, please contact me within this 7 day period.

Thank you for your cooperation and continued support of the Universal Service Program.

Lisa Butera

Case Management Associate, Invoicing Team,
Schools and Libraries Program
30 Lanidex Plaza West, Room N210 | Parsippany, NJ 07054
T: 973.581.7620
Lisa.Butera@usac.org

The information contained in this electronic communication and any attachments and links to websites are intended for the exclusive use of the addressee(s) and may contain confidential or privileged information. If you are not the intended recipient, or the person responsible for delivering this communication to the intended recipient, be advised you have received this communication in error and that any use, dissemination, forwarding, printing or copying is strictly prohibited. Please notify the sender immediately and destroy all copies of this communication and any attachments.

Applicant Name: BOYS LATIN OF PHILA CS
Service Provider (SP) Name: JIVE COMMUNICATIONS
Spin Number: 143033971
Submitter Customer Number: CN-561264-1312
SLD Invoice Number:
Funding Request Number (FRN): 1799085940 voice services

Month	Customer #	Bill Date	CURRENT CHARGES	Ineligible \$	description of ineligibles	Ineligible Page #
7/1/2017	CN-561264-1312	7/1/2017	\$ 1,869.81	\$0.00	-	-
8/1/2017	CN-561264-1312	8/1/2017	\$ 2,493.66	\$0.00	-	-
9/1/2017	CN-561264-1312	9/1/2017	\$ 2,248.29	\$0.00	-	-
10/1/2017	CN-561264-1312	10/1/2017	\$ 2,152.57	\$0.00	-	-
11/1/2017	CN-561264-1312	11/1/2017	\$ 2,163.32	\$0.00	-	-
12/1/2017	CN-561264-1312	12/1/2017	\$ 2,153.50	\$0.00	-	-
1/1/2018	CN-561264-1312	1/1/2018	\$ 2,188.90	\$0.00	-	-
2/1/2018	CN-561264-1312	2/1/2018	\$ 1,805.63	\$0.00	-	-
3/1/2018	CN-561264-1312	3/1/2018	\$ 1,805.63	\$0.00	-	-
4/1/2018	CN-561264-1312	4/1/2018	\$ 1,805.24	\$0.00	-	-
5/1/2018	CN-561264-1312	5/1/2018	\$ 1,805.41	\$0.00	-	-
6/1/2018	CN-561264-1312	6/1/2018	\$ 1,805.41	\$0.00	-	-
		Total	\$24,297.37	\$0.00		
		less ineligible	\$0.00			
		Adjusted Tot	\$24,297.37			
		Disc %	30%			
		Disc Amt	\$7,289.21			

Discounted Amount from Above

\$7,289.21

\$7,289.21

Requested Amt for FRN**\$6,874.45**

Amount Remaining on FRN:

-\$414.76

BEN# 16050077**App# 171038199****ph# 215-387-5149 Ext. 400**



Checkout the Billing Portal!

my.jive.com/billing

2300532

Invoice

Jive Communications, Inc.

Dept. CH 19606
Palatine, IL 60055-9606

Invoice #: INV-000883037
Invoice Date: 11/1/2017
Customer ID: CN-561264-1312

Bill To:

Boys Latin of Philadelphia Charter School
5501 Cedar Ave
Philadelphia PA 19143
United States

Memo				
PO #	Terms		Due Date	
	Net 30		11/30/2017	
Description		Qty	Rate	Total
Interconnected VoIP - Monthly Charge - Per User		91	18.00	1,638.00
Voice - Standard DID - Monthly Charge - service charge, telephone numbers		1	1.75	1.75
Interconnected VoIP - Monthly Charge - Per User - prior month addition		1	8.13	8.13
Rental - Equipment		1	168.00	168.00
Regulatory Recovery Fee		1	227.57	227.57
State and Local Regulatory Recovery Fee		1	119.87	119.87

Total: \$2,163.32

Please direct billing questions to the following:
855-848-0764 | billing@jive.com | <http://www.jive.com>

Detach and return with payment.

Customer: Boys Latin of Philadelphia Charter School
Invoice #: INV-000883037
Total Amount Due: \$2,163.32

Make Checks Payable To Jive Communications

Jive Communications Inc.
Dept. CH 19606
Palatine, IL 60055-9606

Online Payment Option*

Go to the following link for online payment and/or to setup automatic monthly payment.

my.jive.com/billing

*This option may not be available for certain reseller customers.



Checkout the Billing Portal!

my.jive.com/billing

2300532

Jive Communications, Inc.

Dept. CH 19606
Palatine, IL 60055-9606

Invoice

Invoice #: INV-000924980
Invoice Date: 1/1/2018
Customer ID: CN-561264-1312

Bill To:

Boys Latin of Philadelphia Charter School
5501 Cedar Ave
Philadelphia PA 19143
United States

Memo			
PO #	Terms	Due Date	
	Net 30	1/30/2018	
Description	Qty	Rate	Total
Interconnected VoIP - Monthly Charge - Per User	92	18.00	1,656.00
Voice - Standard DID - Monthly Charge - service charge, telephone numbers	1	1.75	1.75
Interconnected VoIP - Monthly Charge - Per User - prior month addition	1	11.03	11.03
Rental - Equipment	1	168.00	168.00
Regulatory Recovery Fee	1	230.46	230.46
State and Local Regulatory Recovery Fee	1	121.66	121.66

Total: \$2,188.90

Please direct billing questions to the following:
855-848-0764 | billing@jive.com | <http://www.jive.com>

Detach and return with payment.

Customer: Boys Latin of Philadelphia Charter School
Invoice #: INV-000924980
Total Amount Due: \$2,188.90

Make Checks Payable To Jive Communications

Jive Communications Inc.
Dept. CH 19606
Palatine, IL 60055-9606

Online Payment Option*

Go to the following link for online payment and/or to setup automatic monthly payment.
my.jive.com/billing

*This option may not be available for certain reseller customers.

Online Payment Option*
Go to the following link for online payment and/or to setup automatic monthly payment.
my.jive.com/billing
*This option may not be available for certain reseller customers.



Checkout the Billing Portal!

my.jive.com/billing

RF 2300532

Jive Communications, Inc.

Dept. CH 19606
Palatine, IL 60055-9606

Bill To:

Boys Latin of Philadelphia Charter School
5501 Cedar Ave
Philadelphia PA 19143
United States

Invoice

Invoice #: INV-000964792
Invoice Date: 3/1/2018
Customer ID: CN-561264-1312

Memo			
PO #	Terms	Due Date	
	Net 30	3/30/2018	
Description	Qty	Rate	Total
Interconnected VoIP - Monthly Charge - Per User	75	18.00	1,350.00
Voice - Standard DID - Monthly Charge - service charge, telephone numbers	1	1.75	1.75
Rental - Equipment	1	168.00	168.00
Regulatory Recovery Fee	1	186.68	186.68
State and Local Regulatory Recovery Fee	1	99.20	99.20
Total:			\$1,805.63

Please direct billing questions to the following:
855-848-0764 | billing@jive.com | <http://www.jive.com>

Detach and return with payment.

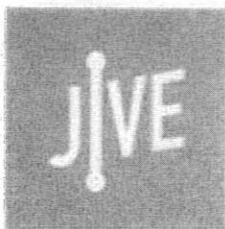
Customer: Boys Latin of Philadelphia Charter School
Invoice #: INV-000964792
Total Amount Due: \$1,805.63

Make Checks Payable To Jive Communications

Jive Communications Inc.
Dept. CH 19606
Palatine, IL 60055-9606

Online Payment Option*
Go to the following link for online payment and/or to setup automatic monthly payment.
my.jive.com/billing
*This option may not be available for certain reseller customers.

18 23005-32



Checkout the Billing Portal!

my.jive.com/billing

Jive Communications, Inc.

Dept. CH 19606
Palatine, IL 60055-9606

Bill To:

Boys Latin of Philadelphia Charter School
5501 Cedar Ave
Philadelphia PA 19143

Invoice

Invoice #: IN2000028704

Invoice Date: 5/1/2018

Customer ID: CN-561264-1312

Printed Memo

Printed Memo				
PO #	Terms	Due Date		
	Net 30	5/30/2018		
Description	Qty	Rate	Total	
Interconnected VoIP - Monthly Charge - Per User	75	18.00	1,350.00	
Voice - Standard DID - Monthly Charge - service charge, telephone numbers	1	1.75	1.75	
Rental - Equipment	1	168.00	168.00	
Regulatory Recovery Fee	1	186.68	186.68	
State and Local Regulatory Recovery Fee	1	98.98	98.98	

Total: \$1,805.41

Please direct billing questions to the following:
855-848-0764 | billing@jive.com | http://www.jive.com

Detach and return with payment.

Customer: ID1220042 Boys Latin of Philadelphia Charter S...
Invoice #: IN2000028704
Total Amount Due: \$1,805.41

Make Checks Payable To Jive Communications

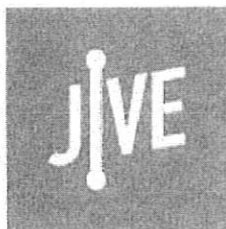
Jive Communications Inc.
Dept. CH 19606
Palatine, IL 60055-9606

Online Payment Option*

Go to the following link for online payment and/or to setup automatic monthly payment.
my.jive.com/billing

*This option may not be available for certain reseller customers.

2300532



Checkout the Billing Portal!

my.jive.com/billing

Jive Communications, Inc.

Dept. CH 19606
Palatine, IL 60055-9606

Bill To:

Boys Latin of Philadelphia Charter School
5501 Cedar Ave
Philadelphia PA 19143

Invoice

Invoice #: IN2000038427

Invoice Date: 6/1/2018

Customer ID: CN-561264-1312

Printed Memo

Printed Memo			
PO #	Terms	Due Date	
	Net 30	6/30/2018	
Description	Qty	Rate	Total
Interconnected VoIP - Monthly Charge - Per User	75	18.00	1,350.00
Voice - Standard DID - Monthly Charge - service charge, telephone numbers	1	1.75	1.75
Rental - Equipment	1	168.00	168.00
Regulatory Recovery Fee	1	186.68	186.68
State and Local Regulatory Recovery Fee	1	98.98	98.98

Total: \$1,805.41

Please direct billing questions to the following:
855-848-0764 | billing@jive.com | <http://www.jive.com>

Detach and return with payment.

Customer: ID1220042 Boys Latin of Philadelphia Charter S...
Invoice #: IN2000038427
Total Amount Due: \$1,805.41

Make Checks Payable To Jive Communications

Jive Communications Inc.
Dept. CH 19606
Palatine, IL 60055-9606

Online Payment Option*
Go to the following link for online payment and/or to setup automatic monthly payment.
my.jive.com/billing
*This option may not be available for certain reseller customers.

Worksheet Certification Template

I certify that the information on the worksheet that I am providing is based on the actual bills for eligible services that the form 471 applicant has received from the vendor whose SPIN is associated with the approved E-Rate discounts. I also certify that the sample bill(s) provided is representative of the other items on the worksheet.

Signature



Print Name

DELANA MURPHY

Company /
Organization

AdvanEdge Solutions/Intelafunds

Title

Administrative Assistant

Date

11/19/2018
